(2) Hematology/Oncology;

(3) Neurology;

(4) Spina-bifida;

(5) Orthopedic;

(6) Pulmonary/Respiratory Disease;

(7) Gastroenterology;

(8) Aids;

(9) Otolaryngology;

(10) Adolescent and Young Adult;

(11) Renal;

(12) Ophthalmology;

(13) Apnea;

(14) Cerebral Palsy;

(15) Craniofacial;

(16) Cleft lip and Palate;

(17) Diabetes;

(18) Cystic Fibrosis;

(19) Neonatal;

(20) Rheumatic Fever; and,

(21) Pediatric Surgery.

b. The Brain and Spinal Cord Injury (BSCI) program began in 1973 with the organization of a committee for promoting better care to individuals who sustained traumatic brain or spinal cord injury. The committee's first major activity was to have the Florida Legislature establish the nation's first Central Registry requiring that all agencies report brain and spinal cord injuries to the Central Registry. The BSCI Program provides:

(1) Acute Care;

(2) Inpatient and Outpatient Rehabilitation Care;

(3) Transitional Living Services;

(4) Adaptive Equipment;

(5) Home Modifications; and,

(6) Other Services Necessary for Community Reintegration.

NOTE: The funding source for the Brain and Spinal Cord Injury Program is established in legislation through the "Impaired Drivers and Speeders Trust Fund."

c. The Department Of Health also administers the Brain and Spinal Cord Injury (BSCI) Home and Community-Based Services Waiver to adults between the ages of 18 and 64 who meet the state definition of traumatic brain injury and/or spinal cord injury. The BSCI-HCBS Waiver provides the following services to persons with brain and spinal cord injuries:

(1) Personal Care Assistance;

(2) Attendant Care Services;

(3) Companion Services;

(4) Life Skills Training;

(5) Behavioral Programming;

(6) Personal Adjustment Counseling;

(7) Community Support Coordination;

(8) Rehab Engineering Evaluations;

(9) Assistive Technology and Adaptive Equipment; and,

(10) Environmental Accessibility Adaptation.

9-6. Programs Administered By The Department Of Education (DOE).

a. The Division of Blind Services (DBS) program is designed to ensure the greatest possible efficiency and effectiveness of services to the blind. The Division compiles and maintains a complete register of the blind in the state, which describes the condition, cause of blindness, and capacity for education and industrial training, with such other facts as may seem to the division to be of value. The Division:

(1) Assists in finding employment;

(2) Teaches trades and occupations;

(3) Assists in marketing of products made in home industries;

(4) Assists in obtaining funds for establishing enterprises; and,

(5) Assists in activities that contribute to self-support efforts.

b. The Division of Vocational Rehabilitation (DVR) program is focused on employment issues and the workplace. The Division provides the following needed supports to persons capable of working with assistance:

(1) Technical Training;

(2) Post-Trauma Rehabilitation;

(3) Adaptive Technology;

(4) Placement; and,

(5) Probationary Job Coaching Services.

9-7. Non-Profit Organizations Serving Physically Disabled Adults. The Centers for Independent Living (CIL) were created through the mandate of the Rehabilitation Act of 1973 (as amended 1992) to maximize leadership and empowerment among people with significant disabilities. The CIL's provide:

a. Peer Counseling;

b. Information and Referral;

c. Assistive Technology;

d. Individual and Systems Advocacy; and,

e. Independent Living Skills Training.

9-8. Various Social and Civic Organizations Serve Physically Disabled Adults. There are numerous agencies and organizations (both local and national) that provide a wide range of information and referral and direct services to persons with disabilities. It is incumbent upon all DCF program staff to develop resource directories of those agencies in their communities that provide such services. Some examples are:

a. Churches;

b. Hospice;

c. Kiawanis;

d. Shriners;

e. Elks;

f. American Cancer Society;

g. United Cerebral Palsy Association;

h. American Lung Association;

i. Epilepsy Foundation;

j. American Lung Association;

k. Lupus Foundation; and,

l. Numerous others.

Chapter 10
CONTRACT PURCHASE OF COMMUNITY CARE FOR DISABLED ADULTS (CCDA) SERVICES

10-1. Purpose. The purpose of this chapter is to outline statewide procedures to be used to contract with community providers for CCDA client services. It is important that procedures for these activities be consistent and maintained in a standardized format.

10-2. Reference and Definition. This chapter intentionally omits instructions or procedures described in CFOP 75-2, Contract Management System for Contractual Services. To advance the case manager's support of the contract manager and for informational purposes, the CCDA case manager may find, in CFOP 75-2, the policies and procedures for the procurement of contractual services starting with the purchasing process and proceeding through writing the contract document, executing and monitoring it.

10-3. Choosing to Contract for CCDA Services.

a. When. Districts/Regions may elect to enter into contracts with provider agencies when the frequency, volume or supplier of services can be predetermined, and both delivery and performance are predictable. When performance and cost uncertainty exists, the case manager may decide to purchase the service(s) by means of purchase order or voucher. Purchase of services through a departmental purchase order or by way of voucher will be discussed in Chapter 11 of this operating procedure.

b. Why. Contracting and pricing policies are based on the assumption that the type of contract selected directly influences the provider's performance. Providers must be motivated to perform efficiently and to control costs through good management decisions made on a daily basis. The contracting process exists only to help the department deliver effective human services.

c. How. There are two broad categories of contract types:

(1) Fixed Price Contracts. With this type of contract, the provider guarantees the performance of the contract. This contract is an agreement to pay a specified price when the services called for by the contract have been delivered and accepted. No price adjustment is made for the original work after award regardless of the provider's actual cost experience in performing it.

(2) Cost Reimbursement Contracts. With this type of contract, the scope of the work can not be adequately described for the provider to project performance; therefore, he or she produces agreed upon products to be submitted at agreed upon intervals for reimbursement. The Department reimburses the provider for actual costs incurred either upon completion of the contract or by these periodic invoices. The Department must audit each periodic invoice for allowable charges and closely track that contract specifications are being met to authorize the provider to continue performance under the contract.

d. Who. The contract manager is responsible for enforcing the performance of administrative and programmatic terms and conditions of the contract. The district/region program specialist for the CCDA program must assist the district/region contract manager in ensuring that contracts with CCDA providers for the provision of CCDA services are:

(1) Developed in a fashion so as to ensure that the department protects the funds it disburses;

(2) Developed to derive the maximum return of services from those funds; and,

(3) Developed in compliance with applicable state and federal laws, rules, and regulations governing the elected funding procedure for services.

10-4. The District/Region Program Specialist and the Contract Manager as a Team.

a. It is the district/region program specialist's responsibility to share his or her disability expertise with the contract manager during contract development. The program specialist has valuable knowledge of the disabled adult provider network that can assist in keeping contract performance costs down and service quality up. He or she must work in concert with the district/region contract manager to:

(1) Promote service delivery flexibility when the standard delivery methods don't accommodate;

(2) Procure access to appropriate service providers and coordinating a seamless service delivery continuum; and,

(3) Foster creativity, resourcefulness, communication, and client concern between network providers of services to disabled adults.

b. The district/region program specialist must provide the contract manager with:

(1) Clear and detailed service specifications which meet the client's needs;

(2) Acquired knowledge of available service providers and service options;

(3) Warning of any anticipated program or client problems which may materialize during the contract period; and,

(4) Any client specific information which will assist the contract manager in contract negotiations.

10-5. District/Region Contracting Responsibilities for CCDA Program Specialists.

a. Conducting the Community Needs Assessment. A needs assessment can identify unmet needs in the community, provide evidence of support for policy options, and increase public involvement in policy making. It is the district/region program specialist's responsibility to conduct an annual community needs assessment of the adults with disabilities residing within the district/region three months prior to each new fiscal year.

(1) If done well, the needs assessment is both a process and a method.

(a) As a process, it can build leadership, group cohesion, and a sense of local involvement in the community.

(b) As a method, the needs assessment is a tool that helps a community plan for and implement strategies that make the best use of existing resources and offer the best response to local conditions.

(2) A disabled adults needs assessment should answer five questions:

(a) What are the needs adults with disabilities, and how well are local agencies meeting those needs?

(b) How well are disabled adults doing in the community?

(c) How do consumers and providers view the existing service delivery system?

(d) What services exist, and what gaps and overlaps make it difficult for adults with disabilities to get needed help?

(e) Are other reform initiatives that focus on disabled adult issues underway, and how can their efforts be linked?

(3) The traditional approaches to needs assessment focus on community assets, resources, and activities as well as gaps, barriers, or emerging needs. Effective methods for data gathering for an assessment include focus groups, community forums, surveys, and action research. Here are brief descriptions of the three most popular methods:

(a) The survey is one of the more popular approaches to needs assessment. While surveys can provide excellent information for needs assessment, surveys require expertise, time, and resources to be accurate and relevant and usually produce a lower response rate than say, community forums. Survey mode may be: sent by mail and self-administered, face-to-face personal interview, conducted by telephone or made available by web invitation. Each of these modes has its advantages and disadvantages in terms of: ease of administration, staffing requirements, training and supervision, cost, and reliability of results.

(b) Community forums, another type of needs assessment, provide participants a vehicle for expressing their opinions on community issues. The forums help validate assumptions and offer community agencies the ability to assist in assessing program needs and gaps. Community forums are conducted to gain a better understanding of the public's perception of the needs and desires of its adults with disabilities. Forums work best when they occur at convenient times for working family members and in locations accessible by public transportation. A discussion guide should be used to keep participants on task. The discussion guide contains the questions that will be asked to participants during the discussion sessions. The extent to which the process is participatory and inclusive will affect the degree to which your strategies reflect community concerns.

(c) Focus groups can also be used to do needs assessments. Focus groups are structured, moderated discussions that bring together small groups of people (usually six to 12) in neutral settings

to talk about specific issues. Effort should be made to recruit participants from a variety of settings adequately representing the disabled adult population and the community providers serving this population. One DCF staff member moderates the group discussion, one facilitates information coordination and gathering, and another serves as note-taker. All focus groups should be tape-recorded. Focus group participants should be informed that, since the sessions are being taped to ensure accurate recall, they should not mention names or give identifying information during discussions. Confidentiality will be maintained by using first names only. For quality output from the process, and to compile enough data to validate the assessment, four to six focus groups should be consecutively conducted. Each focus group should be steered by a discussion guide.

b. Processing Needs Assessment Data into a Plan. The district/region program specialist is responsible for analyzing the data from the surveys and focus groups. He or she then must use the findings of that analysis to develop an Annual District/Region Service Plan which will serve as a workable infrastructure for a seamless, coordinated service delivery system for adults with disabilities. This plan should:

(1) Supply general demographic characteristics of the region;

(2) Identify the number of adults with disabilities in their district/region in need of in-home services;

(3) List the specific service needs of the adults with disabilities residing in the district/region who have voiced a service need;

(4) Compile a listing of known private service providers, volunteer agency staff, religious organizations, social organizations and other existing state and county agencies available to meet the needs of their community's adults with disabilities;

(5) Compile a listing of standard unit cost rates for identified community and private provider services; and,

(6) Project service needs and spending trends for their adult clients for the coming fiscal year.

Chapter 11
PURCHASE OF COMMUNITY CARE FOR DISABLED ADULTS SERVICES WITH VOUCHERS AND PURCHASE ORDERS

11-1. Purpose. The purpose of this chapter is to establish the district's/region's responsibility with regard to the use of vouchers and purchase orders and to define the CCDA program's minimum standards for management of the vouchering process, its obligations, its payables and its disbursements.

11-2. Voucher and Purchase Order Authority. The legislature has granted authority in statute for the department to negotiate, enter into, and execute purchases, contracts and agreements for CCDA services. Florida Statutes 410.602 states that the department is to encourage innovative and efficient approaches to program management and service delivery.

11-3. When to Use a Voucher or Purchase Order.

a. When the frequency, volume or supplier of services can not be predetermined and cost uncertainty exists, districts/regions may elect to purchase the service(s) by means of purchase order or voucher. According to subsection 287.057(3)(f), F.S., program service purchases which total, on a completed project cost basis less than $25,000 do not require the use of the competitive procurement process.

b. CCDA district/region staff may elect to use vouchers or purchase orders as payment to vendors for any goods or services that meet the above statutory criteria and are not covered by an existing contract of service.

11-4. Function of Vouchers and Purchase Orders.

a. Purchase Orders. A purchase order establishes a legal contract between the department and the vendor for an encumbrance upon the department for service/goods delivered by the vendor. It is used when the service/goods being purchased will be needed on an ongoing basis.

(1) The purchase requisition, which is a pre-numbered triplicate copy form, is the first step of an official purchase order.

(2) A properly approved purchase requisition permits the department to make vendor purchases, to pay vendors for goods and services when received, and to charge the appropriate program account.

(3) Purchase requisitions should be checked to ensure:

(a) Completeness;

(b) Correctness/accuracy;

(c) Copies of all relevant documents (as per the requisition form instructions) are attached;

(d) Account numbers are correct (errors may lead to delay in the issue of purchase orders); then,

(e) The original and duplicate copies are sent to the purchasing office for processing.

(4) Where the purchase requisition is for the purchase of direct client services, a copy of the Client Service Authorization Form must be attached to the purchase requisition.

(5) It is the responsibility of the authorized financial delegates to satisfactorily determine in respect to each requisition:

(a) That a logical and justifiable choice has been made with regard to price, quality, quantity and delivery; and,

(b) That funds are available to cover the cost of the purchase.

b. Vouchers. A voucher represents a negotiated payment owed by the department to the vendor for prior authorized service/goods delivered by the vendor. Vouchers are used for unexpected, one-time purchases.

(1) Payments for the purchase of goods or services are based on vendor's invoices.

(2) Such payments are made when there is reasonable assurance that the commodity or service has been delivered as specified on the Client Service Authorization Form and received in an acceptable condition by the eligible client it was intended for.

(3) Each district/region reviewing or approving invoices for payment is responsible for developing and implementing procedures to provide for the timely processing of vendor invoices. Acceptable guidelines for payment procedures are outlined in paragraph 11-7 of this chapter.

(4) District/region vouchering procedures must begin with the stages of vendor selection, and delineate all accounting processes from district/region voucher review and approval through submitting vouchers to the State Comptroller who in return disperses state warrants (cash) to the vendor.

(5) Appendix B to this operating procedure offers an example invoice form to copy and use or to follow when creating a district/region specific invoice form. Invoices created by the district/region must include, minimally, all information fields as contained on the example invoice form.

11-5. Steps Which the District/Region Program Office Must Follow for Service Procurement.

a. Step One. The Program Specialist must identify the service need(s) of the eligible client and the required conditions for service delivery.

(1) The client's Care Plan will define the service need and conditions.

(2) The availability of provider resources and the district/region budget will establish the extent to which that need can be met.

b. Step Two. The Program Specialist must secure the availability of funding for the identified need.

(1) Review prior year's total expenditures.

(2) If the district/region had experienced over-expenditure the prior year, or was compelled to transfer funds from another source to realize their client obligation, adding new clients or attempting to expand service delivery this new fiscal year would not be advisable.

(3) If the district's/region's prior year allocation adequately met the district's/region's identified client obligation for that fiscal year, then prudent consideration may be given to expanding service delivery if such delivery can be reasonably annualized.

c. Step Three. The Program Specialist is ready to select a service provider.

(1) Potential providers must be screened to ensure adequate competition (comparative price and quality) and to ensure that necessary qualifications will be met to accomplish intended service delivery.

(2) The Florida Vendor Registration System is a good place to start the search for innovative, reliable, and competitive vendors who have know-how and can demonstrate more effective and efficient ways of satisfying the state's requirements. Use of the Vendor Registration System allows fair and open competition to exist in all procurement activities in order to avoid the appearance of and prevent the opportunity for favoritism and to inspire public confidence that purchase agreements are awarded equitably and economically.

(3) Other sources to research for provider resources are; local Information and Referral Directories, district/region list of currently active providers, file list of reliable, past providers, and the phone book.

(4) When the transaction will involve delivery of a direct client service, it is important that the selected provider's proposal:

(a) Comply with performance specifications developed by the case manager;

(b) Contain a provider's management approach (choice of funding mechanism) efficient and logical to perform the required services; and,

(c) Support that the provider's organization appears stable and capable of meeting the staffing levels necessary to sustain service performance?

(5) When the transaction will involve purchase of a durable/non-durable item or medical equipment, documentation must be kept on file that:

(a) A comparative price analysis been conducted to compare the offerer's price with at least three other provider prices for a similar item; or,

(b) A comparison been made to a past purchase price by the Department to establish reasonableness; and,

(c) A value analysis been completed to look at the item and the function it performs so you can determine if the product, as it is now produced is the best possible product in terms of value or if there would be a better substitute?

(6) **Be sure that you feel comfortable with an estimate before relying on it as a basis for determining a price to be fair and reasonable.**

d. Step Four. The Program Specialist will complete a Client Service Authorization form. This form documents:

(1) Demographic information on the provider agency from whom the service/equipment purchase is being made;

(2) Demographic information on the client for whom it is being purchased; and,

(3) The authorized units and delivery times and conditions under which the service will be performed.

11-6. Authorization for Payment Procedures.

a. The District/Region Program Office may approve for payment only those invoices that show, through verification of an approved method, that the vendor and unit of service was priorly authorized, the goods/service has been delivered and that an eligible client has received the goods/services.

b. Before presenting the vendor's invoice to his/her Supervisor for review for payment, the case manager must validate that the services being billed for are the services listed on the Client Service Authorization form and that the vendor billing for those services has received prior authorization to bill for the services. The case manager will review:

(1) Client Service Authorization Form. The case manager must verify that the units of service delivered are only the units identified in the Client Service Authorization Form and are designed to meet the care plan needs of the client. The Service Authorization Form lists all services approved for purchase and the vendor selected to deliver the service/good.

(2) Supporting Documentation. The case manager must review the reference file of vendors for supporting documentation of; selected vendor's original bid (showing service/good being purchased and the cost per unit) and related correspondence validating selection of said vendor, an objective record of past vendor experiences with the selected vendor, all vendors contacted for estimates for this service/goods and their quotations, any controversial bid awards and justification for selection of said vendor and examples of prior vendor approvals for comparable goods/services.

c. To ensure the department's economic and efficient procurement of services, the department approves vouchers for payment only if one or both of the above sources is attached to the submitted voucher.

d. To ensure that payment transactions are approved without any influence and to avoid the appearance of a conflict, the following district/region authority levels should review all CCDA invoices prior to authorization of payment (see appendix C for a flowchart example of the District/Region Program Office Invoice Processing Procedure):

(1) Human Service Counselor (case manager); and/or,

(2) Program Operations Administrator; and/or,

(3) Program Administrator; and, if applicable,
(4) Regional Processing Center in Tallahassee.

e. The reviewing authorities must verify that:

(1) Each unit of service delivered by the vendor was delivered according to departmental standards of service delivery; and,

(2) The client accepted and received the good(s) or service(s) being billed for. **Authorization for payment may not be made based *exclusively on a vendor's monthly statement* or other summary of amounts.**

f. A copy of the signed and approved CCDA voucher for general revenue payment to the vendor must be distributed to each of these four entities:

(1) Accounting;

(2) State Comptroller;

(3) Vendor; and,

(4) District/Region Unit.

11-7. Payments To Vendors.

a. Vouchers for payment must be supported by a valid purchase order or, in instances where a specific purchase order was not issued, by an original copy of the vendor's invoice.

b. Written notice is mailed to a vendor if an invoice is not approved or if a submitted invoice is inaccurate for any reason.

Chapter 12
CONTRACT MONITORING
(this chapter will be added at a future date)

Chapter 13
MONITORING OF VOUCHERS AND PURCHASE ORDERS
(this chapter will be added at a future date)

Chapter 14
GLOSSARY

14-1. Purpose. It is important to understand the clinical terminology related to eligibility determination for CCDA services and the acquisition and delivery of those services to adults with disabilities. This chapter contains a list of the most common terms used in the administration of the CCDA program. Some of these definitions are adopted from the contract instruments developed by the department's Office of Contracted Client Services, and some are legislatively established.

14-2. Definitions.

a. "Activities of Daily Living" means those basic activities performed in the course of daily living, such as dressing, bathing, grooming, eating, toileting, and ambulating.

b. "Adult Day Health Care" means an organized day program of therapeutic, social and health activities, and services provided to disabled adults for the purpose of restoring or maintaining optimal capacity for self care.

c. "Adult Day Care" means a program of therapeutic social and health activities and services provided to adults who have functional impairments, in a protective environment that provides as non-institutional an environment as possible.

d. "Case Management" means a client centered series of activities which includes planning, arrangement for, and coordination of appropriate community-based services for an eligible Community Care for Disabled Adults client. Case management is an approved service, even when delivered in the absence of other services. Case management includes intake and referral, comprehensive assessment, development of a service plan, arrangement for services and monitoring of client's progress to assure the effective delivery of services and reassessment.

e. "Chore Service" means the performance of house or yard tasks such as seasonal cleaning, essential errands, yard work, lifting and moving furniture, appliances or heavy objects, simple household repairs which do not require a permit or specialist, pest control and household maintenance.

f. "Client" means a service eligible adult at least eighteen years old, but under sixty years of age, who has one or more permanent physical or mental limitations that restrict his/her ability to perform normal activities of daily living, and impede his/her capacity to live independently or with relatives or friends without the provision of Community Care for Disabled Adult services.

g. "Contract" means a formal written agreement between the department and an individual or organization for the procurement of services. A *contract* consists of the Standard Contract, Program Specific Model Attachment I (PSMAI)/Attachment I, *including special provisions where appropriate*, plus any other attachments or exhibits deemed necessary. Per Chapter 287, Florida Statutes, a contract must be signed by both parties prior to services being rendered.

h. "Emergency Alert Response Service" means a community based electronic surveillance service system established to monitor the safety of individuals in their own homes and which alerts proper assistance to the client in need.

i. "Escort Service" is the personal accompaniment of an individual to and from service providers or personal assistance to enable clients to obtain other required services needed to implement the service plan.

j. "Group Activity Therapy" is a service provided by a professional staff person to three or more eligible clients and may include, but is not limited to the following activities: physical, recreational, educational, social interaction, and communication skill building through the use of groups. The purpose of this service is to prevent social isolation and to enhance social and interpersonal functioning.

k. "Health Care Professional" means any person who has completed a course of study in a field of health care, such as a nurse. The person is usually licensed by a governmental agency, such as a board of nursing, and becomes registered or licensed in that health care field. In some instances, the person is certified by a state regulatory body, such as with a certified nurses' aide.

l. "Home Delivered Meals" means a hot or other appropriate, nutritionally sound meal that meets one-third of the current daily recommended dietary allowances served in the home to the homebound disabled adult.

m. "Home Health Aide Service" means a health or medically-oriented task furnished to an individual in his residence by a trained home health aide. The home health aide must be employed by a licensed home health agency and supervised by a licensed health professional who is an employee or contractor of the home health agency.

n. "Homemaker Service" means the performance of or assistance in accomplishing household tasks including housekeeping, meal planning and preparation, shopping assistance, and routine household activities by a trained homemaker. With district approval, it may include the purchase of home and/or cleaning supplies needed for the delivery of services. Otherwise, clients are responsible for purchasing their own cleaning supplies.

o. "Home Nursing Service" means part-time or intermittent nursing care administered to an individual by a licensed professional or practical nurse or advanced registered nurse practitioner, as defined in Chapter 464, F.S., in the place of residence used as the individual's home, pursuant to a plan of care approved by a licensed physician.

p. "Institutional Care Program (ICP)" means a state program that provides financial supplements to disabled adults and elderly who are determined eligible for a nursing home level of care.

q. "Interpreter Service" means assistance in communicating provided to the disabled adult client with a speech or hearing impairment or language barrier.

r. "Medical Equipment or Supplies" means durable or non-durable goods purchased for the purpose of enabling the client to remain in his own home.

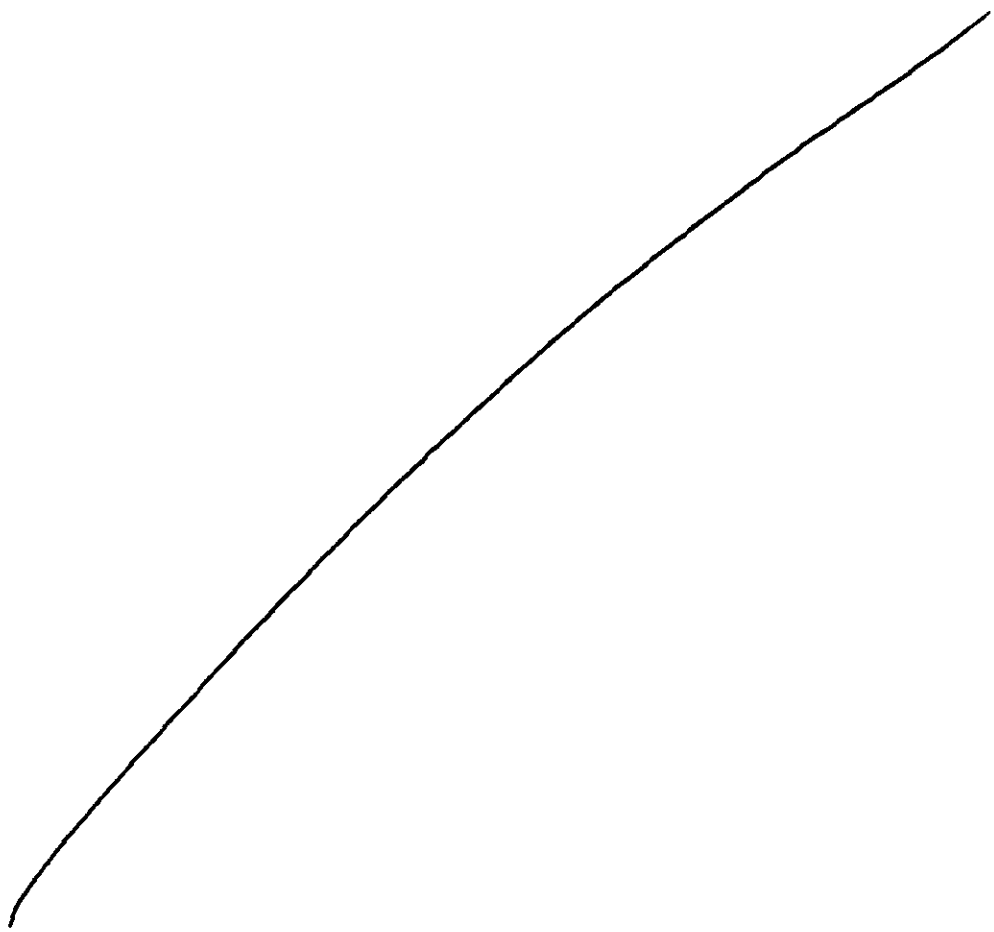
s. "Medical Therapeutic Services" means those corrective or rehabilitative services prescribed by a physician or nurse practitioner licensed in the State of Florida. Provided by a professionally licensed, registered or certified individual, these services are designed to assist the client to maintain or regain sufficient functional skills to live independently. Such therapies include physical, occupational, speech - language therapy, and respiratory therapy.

t. "Personal Care Services" include, but are not limited to, services as: Individual assistance with or supervision of essential activities of daily living, such as bathing, dressing, ambulating, supervision of self-administered medication, eating, and assistance with securing health care from appropriate sources. Personal care services shall not be construed to mean the provision of medical, nursing, dental or mental health services by the personal care service staff.

u. "Physical/Mental Exam" is the purchasing of services of a physician or psychologist/psychiatrist/mental health professional for clients who would otherwise be unable to purchase services.

v. "Respite Care" means relief or rest for a caregiver from the constant supervision, companionship, therapeutic and personal care on behalf of a client for a specified period of time. The purpose of the service is to maintain the quality of care to the client for a sustained period of time through temporary, intermittent relief of the primary caregiver.

w. "Transportation Service" means the transport of a client to and from service providers or community resources.



Fee Assessment

When a client is determined eligible for services and services are available and his/her income is over the institutional care program eligibility standard, a fee for services must be assessed. In order to assess a fee the following steps must be taken.

a. Monthly income must be determined, including: earnings, payments and pensions. Assets are not included.

b. Expenses shall be determined, including: housing, utilities, telephone, food, medical expenses, transportation, insurance and other necessary expenses. The household expenses will be in relation to what percentage the client's income is to total household income.

c. Necessary expenses, as determined in b., shall be subtracted from the monthly income to determine the applicant's disposable income and overall ability to pay. Applicants who have $200.00 or more remaining after expenses are subtracted shall be assessed a fee.

d. The fee assessed will be equal to 10% of the disposable income of the client, or the total unit cost of the services(s) to be received, whichever is less. The fee will be assessed monthly. The unit cost used for this exercise will be the statewide, average unit cost for that service as provided by Central Office.

e. Clients shall have the opportunity to perform volunteer services in lieu of making payments.

f. Redetermination of the client's ability to pay shall be made on an annual basis. The client may request redetermination based upon a change of financial status.

EXAMPLE A

Client A is a 40 year old white male, who lives with his wife and two children. He was stricken with multiple sclerosis four (4) years ago. He spends the majority of his time in a wheelchair. He can ambulate with two canes, but his gait is poor and it is very fatiguing to him.

He was referred to CCDA by FPSS. They had received a referral from a concerned neighbor. Client A is left alone all day with no caregiver.

Client A has an income of $1,193.

It has been determined that this client is priority and there is an opening at the adult day health care program. Client A's income is $1,193 and his expenses are as follows:

Rent	$475
Utilities	70
Phone	50
Food	350
Vitamins (for MS)	50
Gas	100
Laundry	60
Misc. (sundries)	50
Insurance	100
	$1,305

Client A's costs are more than his income, therefore no fee would be assessed.
(1,193 – 1,305 = – 112)

EXAMPLE B

Client B is a 35 year old white male who lives by himself. He is paraplegic resulting from a diving accident six years ago. He has no family nearby, but his neighbor is quite helpful when he needs assistance. He drives an adapted van and works a little bit out of his home. He is in need of homemaker services.

Client B has an income of $1,548

It has been determined that this client is priority and there is an available homemaker. Client B's income is $1,548 and his expenses are as follows:

Rent	$475
Utilities	100
Phone	50
Food	150
Medicine	50
Gas	100
Laundry	60
Misc. (sundries)	50
Insurance	100
	$1,135

Client B's disposable income is $413 (1,548 – 1,135 = 413). Therefore, he must pay either $41.30 or the total unit cost for homemaker service he will receive from the provider, which is $9.44 x five units of service, or $47.20. Since the unit cost is more, the client will pay $41.30 every month toward the cost of the service he receives.

If a client was to receive more than one service then the total of all the unit costs or 10% of his disposable income would be assessed, whichever is less.

ASSESSED FEE WORKSHEET

CLIENT(S) NAME(S):_____

1. INCOME(S) AND SOURCE(S):

SOURCE	AMOUNT (NET MONTHLY)
_____	$_____.__
_____	$_____.__
_____	$_____.__
_____	$_____.__

2. TOTAL INCOME NET (Total of Net Monthly Amount Column) ..... (2) $_____.__

3. MONTHLY EXPENSES:

A. FOOD.....$_____.__
B. RENT/HOUSING.....$_____.__
C. UTILITIES.....$_____.__
D. MEDICAL CARE/MEDICINES.....$_____.__
E. INSURANCE (S).....$_____.__
F. TRANSPORTATION.....$_____.__
G. TELEPHONE.....$_____.__
H. OTHER (SPECIFY PER INSTRUCTIONS)

_____.....$_____.__
_____.....$_____.__
_____.....$_____.__

4. TOTAL EXPENSES (Total of lines A through H)..... (4) $_____.__

5. NET DISPOSABLE INCOME (Subtract line 4 from line 2)..... (5) $_____.__

_____ _____
Prepared By Date

Sample Invoice

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF ADULT SERVICES
MONTHLY REQUEST FOR PAYMENT AND EXPENDITURE REPORT

Exhibit ____

PROVIDER FED. ID # _____

NAME AND MAILING ADDRESS OF PAYEE:

CONTRACT AMNT.:_____
REIMBURSEMENT YTD.:_____
CONTRACT BALANCE:_____
DATE:_____
CONTRACT #:_____
PERIOD OF SERVICE PROVISION:_____

Name of Service or Description of Materials	Units/ Quantity	Amount Per Unit/ Episode	Total Amount Due

Total Match Required for Contract:_____

		This Month	YTD
Local Cash Match			
Local In-Kind			
Total Deductions			
Remaining Match Balance			

Total Payment Requested	

Signature of Preparer:_____ Date Completed:_____

Approved By:_____
Title:_____

* If this invoice is for a fixed price contract, the request for payment will be determined by dividing the length of the contract into the contracted amount (example: $12,000 [allocation] divided by 12 months [the length of the contract] = $1,000 payment request). On a cost reimbursement contract, the payment request will be the monthly request expense.

CHILDREN AND FAMILIES USE ONLY

Date Invoice Received:_____

Approved By:_____ Date:_____

ORG	EO	OBJ	DESC.	OCA	
AMNT.					

Report Flowchart
Community Care for Disabled Adults Program

Report Due	From Whom	To Whom	Due Date(s)
Quarterly Cumulative Summary Reports:			
- three month	*See provider requirements below.	Central Office	October 30
- six month	*See provider requirements below.	Central Office	February 15
- nine month	*See provider requirements below.	Central Office	April 30
- twelve month	*See provider requirements below.	Central Office	August 15
Contract Monitoring Schedule	District/Region Program Office(s)	Central Office	July 30th for each new fiscal year
Contract Monitoring Reports	District/Region Program Office(s)	Central Office	Due annually on all CCDA contracts. Due within 30 days of the District exit interview with the provider. Required corrective action plans (CAP's) are due within two weeks of district receipt of the corrective action plan.
Annual District Service Plan	District/Region Program Office(s)	Central Office	Draft plan must be submitted by May 1 of the preceding fiscal year and a final plan must be submitted by September 30 of the year being planned for.
Provider Update Report	District/Region Program Office(s)	Central Office	July 15th for each new fiscal year

* Only providers of case management services must submit Quarterly Cumulative Summary Reports to the District/Region Program Office. These reports are to include management program data (e.g., client identifiable data) according to negotiated instructions provided by the districts/regions.

Required submission dates of Quarterly Cumulative Summary Reports by the provider to the District/Region Program Office may be negotiated through the provider contract.

INDIVIDUAL PROVIDER CCDA CUMULATIVE SUMMARY REPORT

Name of Contract Manager:_____
Name of Program Specialist:_____
District: _____
Region: _____

Reporting Period:
_____ 3 Month
_____ 6 Month
_____ 9 Month
_____ 12 Month

I. Expenditures

(1) Total CCDA dollars contracted/PO'd: _____

(2) Total dollar amount spent this quarter: _____

(3) Total amount spent to date:_____

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

Overall Unduplicated Number of Clients Served This Quarter: _____

II. Services

A. Units of Service

Name of Service	Contracted/PO Unit Objective	Units Provided This Quarter	Total Units Year to Date	% Achieved
Case Mgmt				
Homemaker				
Personal Care				
Meals				

Comments:

B. Unduplicated Clients Served

Name of Service	Projected Number of Clients To Be Served	Undupl. # Served This Quarter	Total # Served Year to Date	% Achieved
Case Mgmt				
Homemaker				
Personal Care				
Meals				

Comments:

III._____
Report Prepared By

_____

District Program Office Signature/Date

Monroe County In Home Services

Exhibit C
Contract KG051

REPORTING MONTH:													
CLIENTS	SERVICE UNITS												
	Case Mgmt	Unit Cost	Monthly Cost	Meals	Unit Cost	Monthly Cost	PCA	Unit Cost	Monthly Cost	Home making	Unit Cost	Monthly Cost	Total Monthly Cost
		$47.73	$0.00		$5.10	$0.00		$51.11	$0.00		$27.11	$0.00	[illegible]
Monthly Totals			$0.00			$0.00			$0.00	$0.00		$0.00	[illegible]

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DEPARTMENT OF CHILDREN AND FAMILIES

ADULT SERVICES OFFICE

MONTHLY REQUEST FOR PAYMENT AND EXPENDITURE REPORT

Exhibit D

PROVIDER FED. ID # _____

NAME AND MAILING ADDRESS OF PAYEE:

CONTRACT AMNT.:_____

REIMBURSEMENT YTD.:_____

CONTRACT BALANCE:_____

DATE:_____

CONTRACT#:_____

PERIOD OF SERVICE PROVISION:_____

NAME OF SERVICE OR DESCRIPTION OF MATERIALS	UNITS/ QUANTITY	AMOUNT PER UNIT/ EPISODE	TOTAL AMOUNT DUE

TOTAL MATCH REQUIRED FOR CONTRACT:_____

TOTAL PAYMENT REQUESTED	

		THIS MNTH.	YTD.
LOCAL CASH MATCH			
LOCAL IN-KIND			
TOTAL DEDUCTIONS			
REMAINING MATCH BALANCE			

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

SIGNITURE OF PREPARER_____DATE COMPLETED_____

APPROVED BY_____TITLE_____

*IF THIS INVOICE IS FOR A FIXED PRICE CONTRACT, THE REQUEST FOR PAYMENT WILL BE DETERMINED BY DIVIDING THE LENGTH OF THE CONTRACT INTO THE CONTRACTED AMOUNT (EX -$12,000[ALLOCATION] DIVIDED BY 12 MONTHS (THE LENGTH OF THE CONTRACT)=$1 000 PAYMENT REQUEST) ON A COST REIMBURSEMENT CONTRACT THE PAYMENT REQUEST WILL BE THE MONTHLY REQUEST EXPENSE

CHILDREN AND FAMILIES USE ONLY

DATE INV. RCD._____

APPROVED BY:_____ DATE_____

ORG	EO	OBJ	DESC.	AMNT.	OCA	

Florida Department of
CHILDREN & FAMILIES

District Tracking Number (for CRITICAL Incidents)
11 (District) ____ YEAR ____ Sequence Code
Check if CLOSED ____
Program Code: AS, DA, DD, ESS, FS, MH, SA ____

DISTRICT 11 INCIDENT REPORT

EXHIBIT E

(Critical incidents must be reported to District Administrator within 24 hours of notification.) CHECK IF CRITICAL ☒

CONFIDENTIAL

WARNING: The information contained in this report is confidential. You are hereby notified that dissemination, distribution, or copying of this document is strictly prohibited, unless authorized by the Department of Children & Families.

I. IDENTIFYING INFORMATION

Reporting Party Phone #:_____ Date of Incident ___/__/___ Time of Incident_____
Reporting Party Name _____ _____
District Program Area: _____ DCF Unit # _____
Specific Program: check all that apply
☐AMH ☐AS ☐ASA ☐CMH ☐CSA ☐DA ☐DC ☐DD ☐ ESS ☐ FS
Please respond to one of the following as appropriate.
a. Contract Provider Name_____
b. Foster Home Name_____ c. DS Home Name _____
d. DCF Facility Name_____ e. Other Name _____
Is this a licensed facility? ☐ Yes ☐ No ☐ Don't know.
Specific location/address where incident occurred:
_____

II. TYPE OF INCIDENT

Check one box only.

1. ☐ Abuse/Neglect/Exploitation
2. ☐ Aggression/Threat
3. Altercation:
   ☐Client/client ☐Client/staff ☐ Staff/staff
4. ☐ Baker Act
5. ☐ Bomb Threat
6. ☐ Client Injury
7. ☐ Client Death
8. ☐ Contraband
9. ☐ Criminal Activity
10. ☐ Damage
11. ☐ Drugs
12. ☐ Elopement/Runaway
13. ☐ Emergency Room Visit
14. ☐ Escape
15. ☐ Hospital Admission
16. ☐ Illness
17. ☐ Media Coverage
18. ☐ Medication Issue
19. ☐ Misconduct
20. ☐ Physical Aggression
21. ☐ Self-Injurious Behavior
22. ☐ Sabotage
23. ☐ Sexual Battery
24. ☐ Suicide Attempt
25. ☐ Suicide Ideation/Threat
26. ☐ Theft
27. ☐ Vandalism
28. ☐ Other Incidents_____

III. PARTICIPANT(S) / WITNESS(ES) (Please check one from each side)

FIRST Name	LAST Name	SS#	Birth Date	Race	Gender	Client	Employee	Other	Participant	Witness	Other
			__/__/__			☐	☐	☐	☐	☐	☐
			__/__/__			☐	☐	☐	☐	☐	☐
			__/__/__			☐	☐	☐	☐	☐	☐

III. PARTICIPANT(S) / WITNESS(ES) (Please check on from each side)

FIRST Name	LAST Name	SS#	Birth Date	Race	Gender	Client	Employee	Other	Participant	Witness	Other
			__/__/__			☐	☐	☐	☐	☐	☐
			__/__/__			☐	☐	☐	☐	☐	☐
			__/__/__			☐	☐	☐	☐	☐	☐

IV. DESCRIPTION OF INCIDENT

Give Detailed Account - (Who, What, When, Where, Why, How) - Add Pages If Necessary

V. CORRECTIVE ACTION AND FOLLOW UP

Immediate corrective action taken_____

Is follow-up action needed? NO☐ YES☐ If yes, specify: _____

VI. INDIVIDUALS NOTIFIED

EXTERNAL NOTIFICATION

Agency Notified	Person Contacted	Status	Date/Time	Called	Copy
Abuse Registry 1-800-962-2873	Name_____ ID# _____	Report Accepted Yes ☐ No☐		☐	☐
Agency for Health Care Administration	Name: _____	N/A		☐	☐
Law Enforcement-Department	Officer's Name_____ Badge #_____ Case # (if avail)_____	N/A		☐	☐
Parent/Guardian/ Family Member Name	Name: _____	N/A		☐	☐
Other (Please Specify) _____	Name: _____	N/A		☐	☐
Other (Please Specify) _____	Name: _____	N/A		☐	☐
DCF (for providers only)	**Name:** _____	N/A		☐	☐

VII. REVIEW AND SIGNATURES

	NAME	SIGNATURE	TITLE	PHONE #	DATE
REPORTING EMPLOYEE					__/__/__
SUPERVISOR					__/__/__

DCF INTERNAL NOTIFICATION

Individual/Agency Notified	Date/Time	Called	Copy	Individual/Agency Notified	Date/Time	Called	Copy
Client Relations		☐	☐	Employee Safety Program		☐	☐
District Administrator		☐	☐	Florida Local Advocacy Committee		☐	☐
Division Director/ Facility Director		☐	☐	H.R. Workers' Compensation Coordinator (employee related incidents only)		☐	☐
District Legal Counsel		☐	☐	Program Office/Risk Manager		☐	☐
DS Support Coordinator/Case Manager		☐	☐	Others – (Please specify) _____		☐	☐
EEOC		☐	☐	Contract Manager		☐	☐
Public Information Officer		☐	☐	Missing Children's Unit		☐	☐

VIII. DCF REVIEW AND SIGNATURES

	NAME	SIGNATURE	TITLE	PHONE #	DATE
Incident Report Liaison					__/__/__
Senior Supervisor					__/__/__

INCIDENT DEFINITIONS

The definitions apply to DCF direct or contractual services/employees

1. Abuse/Neglect/Exploitation. A reportable event where a client/employee is the subject of abuse, neglect, or exploitation.

2. Aggression/Threat . The client engages in verbal threats to harm or aggression towards another person.

3. Altercation. A physical confrontation occurring between a client and employee or two more clients at the time services are being rendered, or when a client is in the physical custody of the department, which results in one or more clients or employees receiving medical treatment by a licensed health care professional.

4. Baker Act. Client is placed into a facility under the Baker Act.

5. Bomb Threat. Any threat of harm to property or persons involving an explosive device that is received verbally, in writing, electronically or otherwise.

6. Client Injury/Illness. A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of an employee, in a Department of Children and Families or contracted facility or service center or who is in the physical custody of the department.

7. Client Death. Any person whose life terminates due to or alleged due to an accident, act of abuse, neglect or other incident occurring while in the presence of an employee, in a Department of Children and Families operated or contracted facility or service center, while in the physical custody of the department; or when a death review is required pursuant to CFOP 175-17,Child Death Review Procedures.

8. Contraband/Drugs (or non-authorized material) Discovery of contraband. Employee/client found with contraband which includes intoxicating beverage, controlled substance, weapon or device designed to be used as a weapon or explosive substance, and/or, anything specifically prohibited in writing by the Department (Ref. CFOP 70-12).

9. Misconduct/Criminal Activity. Action resulting in potential liability. Conduct resulting in a law violation. Falsification of State or client records by an employee.

10. Contraband/Drugs (or non-authorized material) Discovery of contraband. Employee/client found with contraband which includes intoxicating beverage, controlled substance, weapon or device designed to be used as a weapon or explosive substance, and/or, anything specifically prohibited in writing by the Department (Ref. CFOP 70-12).

11. Theft/Vandalism/Damage/Sabotage. Loss of state or private property of significant value or importance.

12. Elopement/Runaway. The unauthorized absence beyond eight hours, or other time frames as defined by a specific program operating procedure or manual, of a child or adult who is in the physical custody of the department.

13. Emergency Room Visit. The client is taken to an emergency medical facility for assessment and/or treatment.

14. Escape. The unauthorized absence as defined by statute, departmental operating procedure or manual of a client committed to, or securely detained in a Department of Children and Families mental health or developmental services forensic facility covered by Chapters 393, 394 or 916, FS.

15. Hospital Admission. The client is admitted to the hospital for surgery or scheduled medical procedures.

16. Client Injury/Illness. A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident occurring while in the presence of an employee, in a Department of Children and Families or contracted facility or service center or who is in the physical custody of the department.

17. Media Coverage Media coverage that may have an adverse impact of the Department's ability to protect and serve its clients.

18. Medications Issue. The client is prescribed psychotropic medication requiring consent of parent and/or court order and issue not resolved. Issue of incorrect medication or wrong dosage of correct medication. Dosage of prescribed medication is omitted, or the client has an adverse reaction to medication. This would not include suicide attempts by intentional overdose, which are Suicidal Attempts.

19. Misconduct/Criminal Activity. Action resulting in potential liability. Conduct resulting in a law violation. Falsification of State or client records by an employee.

20. Physical Aggression. The client engages in physical aggressive behavior that is threatening towards persons or destructive to property or animals, e.g. overturning furniture, throwing objects, striking walls, etc.

21. Self-Injurious Behavior. The client inflicted upon him/herself or subject self to potential danger (cutting oneself, walking into traffic).

22. Theft/Vandalism/Damage/Sabotage. Loss of state or private property of significant value or importance

23. Sexual Battery. An allegation of sexual battery by a client on a client, employee on a client, or client on an employee as evidenced by medical evidence or law enforcement involvement.

24. Suicide Attempt. An act which clearly reflects the physical attempt by a client to cause his or her own death while in the physical custody of the department or a departmental contracted or certified provider, which results in bodily injury requiring medical treatment by a licensed health care professional.

25. Suicidal Ideation/Threat. The client talks about killing him/herself or verbally suggests the possibility of killing him/herself.

26. Theft/Vandalism/Damage/Sabotage. Loss of state or private property of significant value or importance.

27. Theft/Vandalism/Damage/Sabotage. Loss of state or private property of significant value or importance.

28. Other Incidents. An unusual occurrence or circumstance initiated by something other than natural causes or out of the ordinary such as a tornado, kidnapping, riot or hostage situation, which jeopardizes the health, safety and welfare of clients who are in the physical custody of the department.

F/groups/resplan/incidents/form7101 Rev. 2/25/02

EXHIBIT F

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

SECURITY AGREEMENT FORM

The Department of Children and Families has authorized you:

_____

Employee's Name / Organization

to have access to sensitive data through the use of computer-related media (e.g., printed reports, microfiche, system inquiry, on-line update, or any magnetic media).

Computer crimes are a violation of the department's disciplinary standards and, in addition to departmental discipline, the commission of computer crimes may result in Federal and/or State felony criminal charges.

- By my signature, I acknowledge that I have received, read and understand the Computer Related Crimes Act, Chapter 815, F.S.
- By my signature, I acknowledge that I have received, read and understand Sections 7213, 7213A, and 7431 of the Internal Revenue Code, which provide civil and criminal penalties for unauthorized inspection or disclosure of Federal tax data.
- By my signature, I acknowledge that it is the policy of the Department of Children and Families that under no circumstances shall any contract employee be allowed access to IRS tax information.

I understand that a security violation may result in criminal prosecution according to the provisions of Federal and State statutes and may also result in disciplinary action against me according to the provisions in the Employee Handbook. I agree to be bound by the provisions of CFOP 50-6. The minimum department security requirements are:

- Personal passwords are not to be disclosed.
- Information is not to be obtained for my own or another person's personal use.

Print Employee's Name	Signature of Employee	Date
Print Supervisor's Name	Signature of Supervisor	Date

CF 114, PDF 03/2004

Distribution of Copies: Original – Personnel File/Contract File
Copy – Security File
Copy – Employee Copy

ATTACHMENT II

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised, the Department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by Department staff, limited scope audits as defined by OMB Circular A-133, as revised, or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer or Auditor General.

AUDITS

PART I: FEDERAL REQUIREMENTS

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

In the event the recipient expends $300,000 ($500,000 for fiscal years ending after December 31, 2003) or more in Federal awards in its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. In determining the Federal awards expended in its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families. The determination of amounts of Federal awards expended should be in accordance with guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART II: STATE REQUIREMENTS

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2)(l), Florida Statutes.

In the event the recipient expends a total amount of state financial assistance equal to or in excess of $300,000 in any fiscal year of such recipient, the recipient must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Executive Office of the Governor, the Chief Financial Officer and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. In determining the state financial assistance expended in its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(7), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2)(d), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART III: REPORT SUBMISSION

Any reports, management letters, or other information required to be submitted to the Department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

A. Contract manager for this contract (2 copies)

B. Department of Children & Families
ASFMI
Building 2, Room 301
1317 Winewood Boulevard
Tallahassee, FL 32399-0700

C. Copies of the reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by Part I of this agreement shall be submitted, when required by Section .320(d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to the Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320(d)(1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Auditing Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

and other Federal agencies and pass-through entities in accordance with Sections .320(e) and (f), OMB Circular A-133, as revised.

D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient directly to the following address:

Auditor General's Office
Local Government Audits/342
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450

Providers, when submitting audit report packages to the Department for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the Department in accordance with Chapter 10.558(3) or Chapter 10.657(2) Rules of the Auditor General.

PART IV: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the Department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the Department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the Department.